Name in Full: Helen W. Berry

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near La Plata (County) Charles

Date of death 190 4 (Month) Sept (Day) 12th (Years) Age 14 (Months) (Days) 8

Sex female | Color or Race white | Birthplace Charles Co

Occupation — | Where Residing If not at place of death Charles Co

Married, Single or Widowed single | Name of Wife or Husband —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Edw. T. Berry | Father's Birthplace Charles Co

Mother's Maiden Name Kate E. Padgett | Mother's Birthplace Charles Co

Name of person giving Information Edw. T Berry | How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Diabetes Mellitus 50 | How long 18 months

Immediate Gangrene | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Thos. S. Brown M. D.

Address La Plata Md

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full: Edith Dabbs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Berry — County: Charles

Date of death 1904 — Month: Sep — Day: 27 — Age — Years: — Months: 6 — Days: —

Sex: — Color or Race: Black — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed: — Name of ~~Wife or Husband~~: —

Father's Name: James Dabbs — Father's Birthplace: Maryland

Mother's Maiden Name: Hattie Young — Mother's Birthplace: Maryland

Name of person giving In formation: James Dabbs — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: Ten days

Immediate: Intestinal Hemorrhage — How long: two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. O. Monroe M.D.

Address: Waldorf. Md.

~~Accident or Suicide?~~

8

LIBRARY BUREAU A88516

Name in Full: Elizabeth Day

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Newport- County:

Date of death 1907: Month: Sept- Day: 6

Age: Years: 4 Months: Days:

Sex: Girl Color or Race: Colored

Birthplace: Newport.

Occupation:

Married, Single or Widowed:

Name of Wife or Husband: Alice Day

Father's Name: Lewis Day

Father's Birthplace: Charles

Mother's Maiden Name: Alice Middleton

Mother's Birthplace: Charles

Name of person giving information: Lewis Day

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Not Known — How long: 1 Day

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: None

Address:

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Alexander M. Freeman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dentsville — County: Charles

Date of death 1904 — Month: Sep. — Day: 6 — Age — Years: 67 — Months: 6 — Days: —

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Catherine Freeman

Father's Name: Henry H. Freeman — Father's Birthplace: Md

Mother's Maiden Name: Julia Dent — Mother's Birthplace: Md

Name of person giving Information: ~~Son~~ M. B. Freeman — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Stomach — How long: 6 mos

Immediate: Asthenia — How long: 1 mo.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis C. Carrico M.D.

Address: Bryantown, Md.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Margrett E Hart.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pisgah — County: Charles

Date of death: Month: Sept — Day: 21 — Year: 1904 — Age: 86 — Months: — — Days: —

Sex: F — Color or Race: W. — Birthplace: Md

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: W — ~~Name of Wife or~~ Husband: Richd. W Hart

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: A Rye — Father's Birthplace: Md

Mother's Maiden Name: Mrs P Ware — Mother's Birthplace: Md

Name of person giving Information: R W Hart — How related to deceased: Son

CAUSES OF DEATH

Primary: Senility — How long

Immediate: Asthenia & Heart Failure — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. L. Kenyon MD.

Address: Mason Springs Md.

Accident or Suicide?

8

LIBRARY BUREAU A82016

Name in Full

Certificate of Death

Josephine Gaskins

Died at Town Near Pisgah County Chas Co MARYLAND

Date 189 4 Month Sept. Day 23 Age Y. 25 M. D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married Single ~~Widow~~ Widower Divorced Number of children living

Husband Wife of

Father's Name Mr. Gaskins

Mother's Name Josephine Williams

Cause of Death: Primary Scarlet Fever How long sick 2 weeks

Immediate

Accident, Suicide, Homicide

Reported by J. J. Smith

Address Donaster Charles Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Nannie Claggett Hodges

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Marshall Hall — County: Charles

Date of death: Month: Sept. — Day: 20th — 1904

Age: Years: 40 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Chas Co.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: James T. Hodges

Father's Name: John Phillip Marshall — Father's Birthplace: Chas. Co Md

Mother's Maiden Name: Mary Marshall Brown — Mother's Birthplace: Chas. Co. Md.

Name of person giving information: John P. Marshall — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Some months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. W. Mitchell M.D.

Address: Pomonkey Md.

Accident or Suicide? No

LIBRARY BUREAU A88818

Name in Full: Joseph Holmes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cedar Point York — County: Chas

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: 9	Day: 3	Years: Age 1	Months: 6	Days:
Sex: Male	Color or Race: Black			Birthplace: Chas Co Md	
Occupation: none	Where Residing if not at place of death:				
Married, Single or Widowed: Single	Name of Wife or Husband:				
Father's Name: Joseph Holmes				Father's Birthplace: Chas Co Md	
Mother's Maiden Name: Mora Brown				Mother's Birthplace:	
Name of person giving Information: Joseph Holmes				How related to deceased: Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Summer Complaint	How long: 3 weeks	
Immediate:	How long:	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: none attending	
	Address: Signed by Jos Holmes	
Accident or Suicide? Neither	Same remarks Sids Wife	

LIBRARY BUREAU A38516

Reprinted by
W. H. Brannin
Sole Rep

Name in Full — Certificate of Death

Augustus Johnson

Died at — Town: Doncaster — County: Charles Co — MARYLAND

Date 1890 — Month: Sept — Day: 2 — Age: Y. 13 M. D. — Native of: Maryland — Occupation: ——

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living: None

Husband / Wife of ——

Father's Name ——

Mother's Name ——

Cause of Death — Primary: Typhoid fever — How long sick: 2 weeks

Immediate

~~Accident, Suicide, Homicide~~

Reported by B Smith M. D.

Address Doncaster Charles Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Ida R. Langley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): near La Plata — (County): Charles

Date of death 190 4 — Month: Sept — Day: 28 — Age: Years — — Months: 6 — Days: —

Sex: Female — Color or Race: white — Birthplace: Charles Co

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Joseph A. Langley — Father's Birthplace: Charles Co

Mother's Maiden Name: Virginia E. Murphy — Mother's Birthplace: Charles Co

Name of person giving information: Joseph A Langley — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — 105 — How long: about a day

Immediate: exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. S. Bowen M.D.

Address: La Plata Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: John F. Mokle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Malcolm — County: Charles

Date of death: Month: Sept. — Day: 29 — 1904

Age: Years: 14 — Months: — — Days: —

Sex: M — Color or Race: C — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jacky Mokle — Father's Birthplace: Md.

Mother's Maiden Name: Leally Mokle — Mother's Birthplace: Md.

Name of person giving In formation: Landy Mokle — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 12 months

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. O. Mowder

Address: Waldorf Md.

Accident or Suicide? —

LIBRARY BUREAU A89815

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Hilary Neale

Died at: Town: Bel Air — County: Harford

Date of death: 1904 — Month: Sept. — Day: 11 — Age: Years: 70 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Hars Co

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Lebert Bowie — Father's Birthplace: Hars Co

Mother's Maiden Name: Eliza Neale — Mother's Birthplace: Hars Co

Name of person giving information: Willy Warburg — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Kidney Disease — How long: Two Years

Immediate: Heart Desease — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide? No

Signature of Physician: J. W. Mitchell M.D.

Address: Bonnoby Md.

LIBRARY BUREAU A88516

Name in Full: Susie A Rison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Cross Roads; County: Charles

Date of death: Month: Sept- ; Day: 14 ; Year: 1904 ; Age: Years: 29 ; Months: ; Days:

Sex: female ; Color or Race: White ; Birthplace: Charles Co Md

Occupation: Home Wife ; Where Residing if not at place of death: Near Cross Roads

Married, Single or Widowed: ; Name of Wife or Husband: Adam Rison

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Maddox ; Father's Birthplace: Charles Co Md

Mother's Maiden Name: Bettie Gray ; Mother's Birthplace: Dont Know

Name of person giving Imformation: John D Rison ; How related to deceased: Brother Law

CAUSES OF DEATH

Primary: Consumption ; How long: 1 Year

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: Maxemillian Clements

Address: 2nd Regt

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: William R. Savoy

CERTIFICATE OF DEATH

MARYLAND

Died at Town: new Cross roads County: Charles

Date of death 1904 Month: Sept Day: 1 Years Age: 4 Months: 4 Days: 17

Sex: Male Color or Race: colored Birthplace: Charles co

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Savoy Father's Birthplace: Charles co

Mother's Maiden Name: Celia M. Gaines Mother's Birthplace: Charles co

Name of person giving Imformation: Robert Briggs How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Delicate Weak Born How long: 4 month 17 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maximillian Edmonds

Address: Asst Regt Local Board 1st Distr

Accident or Suicide?

LIBRARY BUREAU A093516